



2021 RX GUIDE

HIV/AIDS

If you or a family member covered under your health plan have a diagnosis of HIV/AIDS, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide, developed by the District of Columbia Department of Insurance, Securities and Banking, provides an overview of 12 commonly prescribed drugs to treat HIV/AIDS. For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug cost-sharing.

Reference the chart on the next page alongside the Summary of Benefits Coverage (SBC) for your potential plan to get an idea of your out-of-pocket prescription costs.

As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.

2021 HIV/AIDS Rx Review Guide

Covered HIV/AIDS Drugs	District of Columbia Insurance Companies							
	Aetna		CareFirst		Kaiser		United Healthcare	
Drug Name	Restrictions	Copayment/ Coinsurance	Restrictions	Copayment/ Coinsurance ¹	Restrictions	Copayment/ Coinsurance*	Restrictions	Copayment/ Coinsurance ²
Truvada	N/R	\$55-\$65	PA/ST	\$0-\$75 after ded	N/R	\$15-\$100; 0%-50%	N/R	\$40-\$150
Norvir	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$100; 0%-50%	N/R	\$40-\$50
Atripla	N/R	\$55-\$65	Not covered		N/R	\$15-\$75; 0%-50%	Not covered	
Prezista	N/R	\$55-\$65	N/R	\$0-\$75 after ded.	N/R	\$15-\$75; 0%-50%	N/R	\$40-\$50
Isentress	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$75; 0%-50%	N/R	\$40-\$50
Reyataz	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$100; 0%-50%	N/R	\$40-\$50
Complera	N/R	N/C	N/R	\$0-\$75 after ded	N/R	\$15-\$75; 0%-50%	N/R	\$75-\$150
Stribild	N/R	N/C	N/R	\$0-\$75 after ded	N/R	\$15-\$75; 0%-50%	N/R	\$75-\$150
Abacavir Sulfate/ Lamivudine	N/R	\$12-\$15	N/R	\$0-\$25 after ded	N/R	\$5-\$40; 0%-20%	N/R	\$40-\$50
Epzicom	N/R	\$12/15 for Generic	Not covered		N/R	\$25-\$100; 0%-50%	Not covered	
Kaletra	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$100; 0%-50%	N/R	\$40-50 tablet \$75- 150 oral solution
Tivicay	N/R	\$55-\$65	N/R	\$0-\$75 after ded	N/R	\$15-\$100; 0%-50%	N/R	\$75-\$150

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up to date information.

KEY	
ST	Step Therapy
PA	Pre-Authorization
N/A	Not Applicable
N/C	Not Covered
N/R	No Restriction
Ded	Deductible

*The cost share for this drug could be a copayment or coinsurance depending on the plan.

¹ Coinsurance is 20% after deductible (\$150 max).

² The cost share for this drug could be a copayment or coinsurance depending on the plan. Coinsurance ranges from 20%-30%.